Application Data Sheet

Application Information

| Application number: | |
|---------------------------------|-------------------------------------|
| Filing Date: | |
| Application Type: | Regular |
| Subject Matter: | Utility |
| Suggested classification: | |
| Suggested Group Art Unit: | |
| CD-ROM or CD-R?: | None |
| Number of CD disks: | |
| Number of copies of CDs: | |
| Sequence submission?: | |
| Computer Readable Form (CRF)?: | |
| Number of copies of CRF: | |
| Title: | SYSTEM AND METHOD FOR DYNAMICALLY |
| | CONTROLLING GAMUT MAPPING FUNCTIONS |
| Attorney Docket Number: | 003797.00701 |
| Request for Early Publication?: | NO |
| Request for Non-Publication?: | NO |
| Suggested Drawing Figure: | |
| Total Drawing Sheets: | 14 |
| Small Entity?: | NO |
| Latin name: | |
| Variety denomination name: | |
| Petition included?: | NO |
| Petition Type: | |
| Licensed US Govt. Agency: | |
| Contract or Grant Numbers: | |
| Secrecy Order in Parent Appl.?: | NO |

Applicant Information

Applicant Authority Type: Inventor

Primary Citizenship Country: USA

Status: Full Capacity

Given Name: Michael

Middle Name:

Family Name: Stokes

Name Suffix:

City of Residence: Eagle

State or Province of Residence: ID

Country of Residence: USA

Street of mailing address: 1946 E. Stonybrook Court

City of mailing address: Eagle

State or Province of mailing address: ID

Country of mailing address: USA

Postal or Zip Code of mailing address: 83616

Applicant Authority Type: Inventor

Primary Citizenship Country: USA

Status: Full Capacity

Given Name: Bradley

Middle Name: P.

Family Name: Gibson

Name Suffix:

City of Residence: Seattle

State or Province of Residence: WA

Country of Residence: USA

Street of mailing address: 620 N. 34th Street, #305

City of mailing address: Seattle

State or Province of mailing address: WA

Country of mailing address: <u>USA</u>

Postal or Zip Code of mailing address: 98103

Applicant Authority Type: Inventor

Primary Citizenship Country: USA

Status: Full Capacity

Given Name: Christopher

Middle Name:

Family Name: Raubacher

Name Suffix:

City of Residence:

State or Province of Residence:

Country of Residence:

Street of mailing address:

City of mailing address:

State or Province of mailing address:

Country of mailing address:

Postal or Zip Code of mailing address:

Correspondence Information

Correspondence Customer Number: 28319

Representative Information

Representative Customer Number: 28319

Domestic Priority Information

| Application: | Continuity Type: | Parent Application: | Parent Filing Date: |
|--------------|------------------|---------------------|---------------------|
| | | | |
| | | | |
| | | | - Same |
| | | | |

Foreign Priority Information

| Country: | Application number: | Filing Date: | Priority Claimed: |
|----------|---------------------|--------------|-------------------|
| | | | |
| | | | |
| | | | <u> </u> |
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Assignee Information

Assignee name: Microsoft Corporation

Street of mailing address:

One Microsoft Way

City of mailing address: Redmond

State or Province of mailing address: WA

Country of mailing address: USA

Postal or Zip Code of mailing address: 98052